**Typhlitis (necrotizing enterocolitis)**

<table>
<thead>
<tr>
<th>Key Points:</th>
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<tr>
<td>• Typhlitis is a necrotizing enterocolitis seen in immunocompromised patients; most often cancer patients neutropenic after chemotherapy</td>
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<td>• The differential includes: appendicitis, C. Difficile, mesenteric ischemia.</td>
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<td>• Treatment is surgical if unstable; otherwise, very broad-spectrum antibiotics.</td>
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**Definition**
- From the Greek work “typhlon” = cecum
- A severe, necrotizing enterocolitis occurring mainly in immunocompromised patients

**Pathogenesis**
- Typically requires three factors
  - Gut mucosal barrier injury (from chemotherapy – think like mucositis)
  - Altered gut flora
  - Profound neutropenia
- Histologically there is necrosis of the bowel wall
- Bacterial and fungal organisms are often found infiltrating

**Clinical Manifestations**
- Most common in profoundly neutropenic patients (ANC < 500/µL)
- Usually fever, right-lower quadrant abdominal pain
  - Often 10-14 days after chemotherapy (at ANC nadir)
- Can also have nausea, vomiting, and watery or bloody diarrhea
- Differential diagnosis:
  - Appendicitis, appendiceal abscess, C. diff., ischemic colitis, Ogilvie’s syndrome

**Diagnosis**
- Usually diagnosed by US or CT scan in high-risk patients (CT better than US)
- Bacteremia with *Clostridium spp.* in a neutropenic patient is almost pathognomonic

**Management**
- If pneumoperitoneum, peritonitis, shock, etc. 🩹 to the OR
- If stable, bowel rest, IVF’s, broad-spectrum antibiotics
  - Give the kitchen sink: cover GP, GNR, anaerobes, fungus

**Prognosis**
- Mortality as high as 40%

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![Image of a medical scan or diagram related to the topic of typhlitis]
References
“Necrotizing enterocolitis.” UpToDate. 2002.